## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number

10799697

CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY		
TOTAL CLAIMS			19					RATE	FEE	1	RATE	FEE.	
FC	DR ·	-	NUMBER FILED		NUME	BER EXTRA		BASIC FEE	385.00	OR	BASIC FEE	770.00	
TC	OTAL CHARGE	ABLE CLAIMS	\(\) minus 20=		*			X\$ 9=		OR	X\$18=		
INI	DEPENDENT C	LAIMS ·	minus 3 =		*	·		X43=		OR	X86=		
ML	JLTIPLE DEPEI	NDENT CLAIM P	RESENT		•			+145=		OR	+290=		
* If	the difference	e in column 1 is	less than ze	ero, enter	"0" in c	column 2		TOTAL		OR	TOTAL	77.0	
CLAIMS AS AMENDED - PART II								OTHER THAN SMALL ENTITY OR SMALL ENTITY					
_	1	(Column 1)		(Colun		(Column 3)	) r	SWALL		OR I	SWIALL		
AMENDMENT A		REMAINING AFTER AMENDMENT		NUME PREVIO PAID F	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	strik		=		X\$ 9=		OR	X\$18=		
	Independent	* ENTATION OF MU	Minus	***	CL AIM	=		X43=		OR	X86=		
Щ	FIRST FRESL	INTATION OF MIC	DETIFEE DEF	ENDENT			۱ [	+145=		OR	+290=		
		•	•				L	TOTAL		OR .	TOTAL		
•		(Column 1)		(Colum	ري مد د م	(Column 3)	A	DDIT. FEE L		,	ADDIT. FEE		
		CLAIMS		HIGHE		(Column 3)	lr		ADDI-	1		ADDI-	
AMENDMENT B		REMAINING AFTER AMENDMENT		NUME PREVIO PAID F	USLY	PRESENT EXTRA		RATE	TIONAL FEE		RATE	TIONAL FEE	
	Total	*	Minus	** .		= .		X\$ 9=	•	OR	X\$18=		
	Independent	* NTATION OF MU	Minus	***	CI 4/14			X43=		OR	X86=		
	rinsi Phese	NIATION OF MC	LIPLE DEP	ENDENI	CLAIM .		' [	+145=	•	OR	+290=		
								TOTAL DDIT, FEE	•	OR	TOTAL ODIT. FEE		
		(Column 1)		(Colum		(Column 3)	•						
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIOU PAID F	ER USLY	PRESENT EXTRA		RATE 1	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=		
	Independent	*	Minus	***		= ,		X43=		OR	X86=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									OH	-		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.											·]		
**	** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."									ORA	TOTAL DDIT. FEE		
. 1	The "Highest Nurr	mber Previously Paid	For (Total or	Independer	ress than nt) is the	highest number	r foun	d in the appr	opriate box	in colu	mn 1.		